

**WESTERN ARKANSAS TENNIS ASSOCIATION APPLICATION FOR FINANCIAL AID**

**Junior Team Tennis**

Confidential

*Financial aid is available on a limited basis and is solely need-based*

Date:

Name:  Date of Birth:

Telephone No:  Email:

Address:

Father's Name:  Occupation:

Present Employer:  Father's Annual Income:

Mother's Name:  Occupation:

Present Employer:  Mother's Annual Income:

Income from other sources:

Total Family Income (please check one): **Attach first two pages of current tax return**

Under \$15,000  \$15,000-\$24,999

\$25,000-\$39,999  \$40,000-49,999

\$50,000-\$74,999  \$75,000 and up

Do you own or rent your home?  
How many children are in your family (including the applicant)?  
Do your children receive assistance from any other source?

If so, please explain:

Signature of Applicant (or parent, if applicant is a minor):

Date:

**OFFICE USE ONLY**

Date Received:  Amount:

Approved:  Declined:

Return this form to:  
Western Arkansas Tennis Association  
3303 So. M St.  
Fort Smith, AR 72903  
Attn: Executive Director